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ABSTRACT

In this discussion of the prevalence of drug abuse by athletes, suggestions are made for coaches to prevent or reduce the abusive intake of drugs by athletes who participate on their teams. The following cognitive strategies deal with eliminating unwanted drug use: (1) show concern; (2) articulate ethical issues; (3) set behavior limits; (4) provide educational opportunities; (5) make private counseling available; (6) be a counseling coach; (7) build the athlete's self-esteem; (8) be aware of the athlete's mental status; and (9) promote team roles and the athlete's perception of meaningfulness as a participant. Behavioral techniques for preventing drug abuse involve setting up situations which foster certain desirable responses from the athletes and/or using verbal or nonverbal techniques to reinforce favorable behaviors or performance outcomes. (JD)

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Suggested Cognitive and Behavioral Strategies for Coaches to Prevent Drug Abuse in Sport

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It has become well established in the media and supported in the professional literature, that athletes - even many nonathletes who engage in recreational pursuits such as weight training or running - use drugs for a variety of reasons. Examples include enhancing performance or rehabilitation from injury (anabolic steroids), reducing or maintaining body weight (amphetamines), or to mentally escape from stress or for "recreation" (marijuana, cocaine, or heroine). Most often, these drugs are illegal, medically dangerous, and are prohibited by sporting organisations. Other "hidden" psychological and social reasons for taking illegal substances include bending to peer pressure, a vehicle for engaging in social contacts, and for the "excitement" of experiencing some psychological effect (Anshel, 1987; Smith, 1983). Amphetamines, another category of drug, is often used by competitors to control appetite and speed body responses (Wright, 1982).

Although data is scant, it appears that more athletes engage in some sort of inappropriate - and unhealthy - drug habit than many coaches realise. According to the recent Australian publication, *Drugs in Sport: An Interim Report of the Senate Standing Committee on Environment, Recreation and the Arts* (May 1989), 70% of Australia's elite swimmers and about 25% of our 1988 Olympic track and field squad are thought to have ingested a performance-enhancing aid (p. 62). The same publication quoted Dr. Tony Millar, M.D., that from 2000 to 3000 athletes in the Sydney area alone are taking anabolic steroids, although "...there might be only 200 top athletes (in all of Australia) who would benefit from using drugs" (p. 65).

It is increasingly apparent that the abusive intake of drugs in sport includes the female athlete. Elite athlete, Mrs. Gael Martin, told the Senate Standing Committee that "30 percent of track and field athletes were using steroids" (p. 188), herself included, while training at the Australian Institute of Sport. One likely reason for drug intake is to "stay competitive." According to Australian Olympic runner, Ms. Lisa Martin, "...in track and field, I would say in events below 800 metres and especially for women,...it would leave us far behind the rest of the world" (*Drugs in Sport: An Interim Report of the Senate Standing Committee*, p. 45).

Why is it happening? What are the explanations that underlie involvement in drug intake? The responses are as widespread as the types of substances that are ingested. Tragically, many of the reasons are based on false assumptions. For instance, many athletes believe that anabolic steroids directly enhance sport performance. They do not! Although many scientists believe - and some do not - that steroids build body/muscle tissue, there is no evidence supporting the thought that steroids directly improve motor performance. In his review of related literature, Lamb (1984) found that "...systematic improvements of muscular strength measures have been demonstrated in about one-half of the controlled investigations reported,...but were not shown in the others" (p. 34). Thus, the relationship between steroid use and sport performance improvement is weak, indeed. Perhaps somewhat more accurate is the contention that steroids may increase muscular strength which, in effect, enhance the performance of a sport skill in which strength was a primary component (e.g., power lifting or sprinting).

Although steroids have been positively associated with promoting recovery from injury (Wright, 1980), many athletes are looking for an "edge" that is simply not there (Ryan, 1982). In fact, the literature is now replete with evidence that prolonged steroid use may induce bodily harm, even terminal illness, and mental disorders (Chappel, 1987; Lamb, 1984).

The ingestion of recreational drugs, in contrast to steroids, is thought to be due to factors such as boredom, peer pressure, experimentation, stress reduction, and the association of certain substances with high income (i.e., the "glamour" syndrome)

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(Collins, Pippenger & Janesz, 1984; Smith, 1983). There is unequivocal evidence that cocaine and heroine, for example, can cause acute myocardial infarction resulting in death. These drugs, along with the more often used marijuana, impair motor performance (Chappel, 1987). Clearly, the ingestion of these substances reduces efficient sport skill execution. For desirable performance outcomes, then, coaches have a role in **preventing** their use and abuse of substances, particularly if banned by various sporting associations.

There are two primary issues that surround the coach's role in controlling substance abuse in spot competitors. First, to what extent should coaches have a role in regulating the behaviours of their athletes away from the sport arena? Should the coach feel responsible to ascertain, or be held responsible for, their athlete's actions off, as well as on, the field or court? Do they have a legal or ethical right to know what the athletes are doing on their own time? The second issue concerns the coach's role in preventing the intake of drugs by competitors. Coaches can take a far more extensive role in providing team members with information about the medical and psychological effects of ingesting various drugs. Sadly, government inquiries in recent months have shown that selected coaches of elite athletes have actually encouraged the ingestion of anabolic steroids that were been banned by sporting organisations. The frequent absence of medical supevision with drug use exacerbates the dangerous effects of this practice. The encouragement of drug use can take one of two courses: direct ("Taking steroids is the only way to stay competitive," they often advise), or indirect by requiring that the participant reach a certain body weight or reach a particularly demanding performance goal. An example of direct responsibility is the tendency to cheat. For example, the *Sydney* (Australia) *Morning Herald* (June 15, 1989) reported that an Australian world-class female athlete was asked by an assistant track and field coach "...to provide a urine specimen. (The coach) said that the specimen was urgently needed to substitute for the specimen of another athlete...who had been picked for random drug-testing by officials." The athlete complied. Indirect evidence of coach encouragement to take drugs stems from making unreasonable and unhealthy physical demands. Clinical psychologists contend that the conditions of anorexia nervosa and bulemia are often a function of such demands, especially among female athletes.

It is contended in this paper that coaches have a moral, ethical, and (perhaps) legal responsibility to do all that is possible to prevent or reduce the abusive intake of drugs by athletes who participate on their team. Only the team leader that is concerned with performance outcomes at the expense of a competitor's health and well-being can ignore the issues that surround the female athlete's rational for taking drugs.

It is unlikely that coaches can totally control the use of drugs, that is, dictate their wishes and policies and presume that female athletes are following these guidelines. However, far more can be done in preventing their players from taking any drug that is illegal or banned by various government sporting organisations. This is especially important if the drug has unhealthy side effects. The coach's approach to monitoring drug use entails similar strategies regardless of the type of substance. There are numerous cognitive and behavioral approaches to preventing and eliminating unwanted drug use by their competitors. Cognitive strategies deal with psychologically influencing the athlete's actions with reason and intellect through various forms of communication. Behavioral techniques, on the other hand, involve: (1) setting up situations which foster certain desirable responses from the athletes, and/or (2) using verbal or nonverbal techniques to reinforce favorable behaviours or performance outcomes (also see Anshel, 1986, Chappel, 1987, and Collins et al. 1984).

Cognitive Approaches

(1) **Show concern.** Coaches must not deny and hide from this issue. It is common to "assume" that a problem does not exist, as many coaches have told this writer. Sadly, they are often wrong (based on confidential interviews with the

players of these same coaches). It is essential that athletes realise their coaches are aware of the dangers of drug taking, and that they communicate their concern about the problem to each participant. This means more than indicating disapproval. It also entails expressing to each athlete a thought-out and rational explanation for a policy that strickly forbids drug use.

(2) **Articulate ethical issues.** If a student receives the grade of 'HD' based on a top final exam mark on which he cheated, would the student perceive the final grade as a sign of success, intelligence, or effort? Would the student take responsibility for the grade? Or might the individual conclude that some external factor (with which he/she could not take credit) was the cause of the desirable outcome? Where is the satisfaction for meeting a desirable goal with which you (the athlete) had reduced responsibility? According to media reports, world champion track and field athlete Carl Lewis contends that drug-taking has three negative effects: (a) the athlete will never know his/her full potential, (b) there is the health risk, and (c) that the drug-induced athlete is quitting on him/herself. Why can't coaches tell their athletes that drug-taking is depriving them (the performer) of knowing their performance potential? What does it reflect? What's the purpose?

(2) **Set limits.** Where are the boundaries that surround acceptable from unacceptable behaviors? Responsible, mature individuals in secure and nonthreatening situations can make this distinction. However, many others - athletes among them - who are in unstable situations (e.g., as in competitive sport), cannot cope with failure or losing, are self-centered, psychologically immature, and/or have low self-esteem often do not separate acceptable from inappropriate actions. Drug-taking should not be used in the hope to foster physical performance or for some psychological advantage. The coach must be the agent who says, "Taking drugs is not allowed!" Sadly, however, drug-related rules, themselves, will not necessarily guarantee adherence. But any coach who refuses, or is unable, to carry out the team's drug policy literally sanctions (approves) his athlete's drug-taking habit. The key to an effective drug policy is the coach's consistency in responding to the players' actions.

(3) **Provide educational opportunities.** True, simply handing out written information or having a lecture may not change the competitor's behavior or outlook on the matter. But information provides the coach with the justification for setting strict limits on drug-related habits. Specialists should be invited to provide lectures, demonstrations, and distribute written materials. Opportunities for private discussions between athletes and specialists should also be encouraged.

(4) **Making private counseling available.** Every athlete needs a confidant - someone to speak with about various personal issues. Coaches should identify a person who is legally qualified to offer professional psychological guidance to any team member and on any topic. However, client confidentiality must be respected. The coach should not hold the counselor accountable for providing any information unless the athlete first agrees.

(5) **Be a counseling coach.** Coaches do not typically have training in counseling - nor should they. But the coach is often the first - and most important - person to which an athlete comes to discuss personal or team-related concerns. Team members need private and confidential access to their coach. These discussions can help reduce the many pressures and other stressors that underlie the athlete's need to ingest drugs.

(6) **Build the athlete's self-esteem.** One reason that athletes take drugs is to overcome doubts about their ability or, in the case of recreational drugs, to escape from the pressures of competition (i.e., stress). Coaches can play a key role in helping athletes feel better about their ability and performance by providing instruction, informational feedback on skill execution to help the competitor improve, and praise for desirable outcomes or optimal effort. At the same time, threats, sarcasm, and other forms of negative communication have a counterproductive influence on the player's mental status. Although anger is a natural human reaction, it can be expressed constructively by addressing

performance issues (i.e. what the player DID or DID NOT DO) rather than the competitor's character or personality.

(7) **Be aware of the athlete's mental status.** Athlete's are people, too. Their personal life may or may not very fulfilling which may lead to mental stress and burnout. Sometimes drugs provide the escape route. Coaches should know their players as individuals as well as competitors. Quality leaders are sensitive to various aspects of the athlete's life (e.g., a divorced or deceased parent, poor school grades, a lack of social fulfilment, end of a personal relationship or friendship). How? By asking them. Effective coaches remain aware of the potential for problems.

(8) **Promote team roles and the athlete's perception of meaningfulness as a participant.** Athletes who perceive themselves as valued team members will more likely remain loyal to the coach and maintain proper health. Conversely, feelings of irrelevance and no role may lead to feelings of group detachment. "Wandering" athletes may more likely engage in rule-breaking behaviors due to reduced coach loyalty. And, in their view, they have less to lose by engaging in risk-taking behaviors. Each player should feel wanted and needed.

Behavioral Strategies

(1) **Avoid boredom.** The lack of excitement and challenge forms another possible reasons for drug abuse. Coaches should plan exciting practice sessions, work with athletes to set and reach challenging performance goals (e.g., "I think you can run .5 seconds faster after another month of training"), and schedule regular recreational programs that are unrelated to the sport. For example, one team in the National Hockey League usually takes their players to Las Vegas for three days during a season break in the schedule. Perhaps a camping trip or some other recreational outting will reduce stress and burnout.

(2) **Become aware of the athlete's life outside of the sport arena.** What type of activities do the athletes engage in during off-team hours - and with whom? Recent data indicate that the person's peer group is the single most important agent that influences drug-related behavior. How are they doing in school? Do they have any friends? Do they have a satisfying social life? Although there are limits to the coach's intrusions in the athlete's life, access to this information can alert the sensitive coach to potential concerns and problems unless action is taken relatively soon. Coaches can reduce boredom by providing alternative activities for their players away from team-related events.

(3) **Develop and be prepared to carry out a plan of action.** Should a drug-taking incident occur, coaches should know who to call - physicians, school administrative personnel, a counselor, legal advice, perhaps a religious leader, and so on. Decide before the season whether parents be notified. Have medical and psychological support teams in place.

(4) **Provide instructional programs.** Throughout the year, programs should be offered - free of charge to the athletes - in areas such as stress management (preventitive measures, coping with pressure), assertiveness training (how to deal with peer pressure to experiment with drugs), and academic tutoring.

(5) **Have an ongoing drug testing program.** Testing programs are effective in preventing drug abuse only if unannounced in advance. To reduce costs, random testing - in which only a percentage of the team's athletes, rather than all players, are selected - has been shown to be effective. However, the urine sample must be provided under direct observation.

(6) **The league or sport organisation should have a drug policy in place.** To maintain positive rapport with their players, many coaches need - and ask for - a system of quality control to effectively carry out a team drug policy. The coach then can say to his/her players, "Look, if you are caught with drugs, the league says you're suspended for the remainder of the season. So don't try it, or the whole

team will be hurt." Greater reliance on a "higher authority" offers coaches needed support to enforce drug policies.

In conclusion, coaches are often under tremendous pressure to succeed and produce a winning team or athlete. Nevertheless, winning should not be at the expense of the competitor's health and psychological well-being. The coach who considers outcome first without concern for the player's welfare is as dishonest and unethical in performing his job as is the drug-induced athlete.

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